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UNFPA – Annual report of the Executive Director

United Nations Population Fund

Implementation of the UNFPA strategic plan, 2014-2017

Report of the Executive Director

Summary

This report analyses the cumulative results achieved under the UNFPA strategic plan, 2014-2017. It also reports on progress in implementing General Assembly resolutions 67/226 and 71/243 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system.

The report takes stock of the challenges met and the lessons learned. It demonstrates that UNFPA achieved the results detailed in its strategic plan, 2014-2017. The annexes to the report, which are available on the UNFPA Executive Board webpage, provide detailed analyses and information on these achievements.

This report should be read in conjunction with the statistical and financial review, 2017 [DP/FPA/2018/4 (Part I)/Add.1], which provides the details of budgetary expenditures.

Elements of a decision

The Executive Board may wish to:

(a) Take note of the documents that make up the annual report of the Executive Director for 2017: DP/FPA/2018/4 (Part I, Part I/Add.1 and Part II);

(b) Note with appreciation the progress made by UNFPA in achieving the results of the UNFPA strategic plan, 2014-2017.

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The annexes are available on the UNFPA Executive Board website.

I. Introduction

1. This report analyses the cumulative results achieved under the UNFPA strategic plan, 2014-2017. Unlike previous years, the report presents an analysis of the results at the impact and outcome levels, using indicator trends during 2014-2017. It also analyses the challenges faced and lessons learned in achieving the results. The report shows that UNFPA made steady progress in achieving the expected results of its strategic plan, 2014-2017.

II. Context

2. In 2014, UNFPA began implementing its strategic plan, 2014-2017, with the goal of attaining universal access to sexual and reproductive health, realizing reproductive rights, and reducing maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development (ICPD). UNFPA determined that it would contribute to achieving the goal of its strategic plan and accelerate progress towards achieving Millennium Development Goal 5 by: (a) increasing availability and use of integrated sexual and reproductive health services; (b) prioritizing the needs of adolescents and youth; (c) advancing gender equality and women's empowerment; and (d) improving generation and use of population data to inform policies and programmes. UNFPA also planned to strengthen organizational effectiveness and efficiency to support the achievement of those results.

3. In 2014, the 20-year review of the ICPD Programme of Action concluded with the development of the Framework of Actions for the follow-up to the ICPD Programme of Action beyond 2014. This framework underpins the mandate of UNFPA.

4. The year 2015 marked the conclusion of the Millennium Development Goals, which helped to lift more than one billion people from extreme poverty. In September 2015, world leaders adopted the 2030 Agenda for Sustainable Development and 17 Sustainable Development Goals. Other frameworks that support the implementation of the 2030 Agenda for Sustainable Development include the Sendai Framework for Disaster Risk Reduction 2015-2030, the 2015 Paris Agreement on climate change, and the 2015 Addis Ababa Action Agenda of the Third International Conference on Financing for Development.

5. The period 2014-2017 witnessed unprecedented increases in the scope, frequency and complexity of humanitarian emergencies. By 2017, 128 million people needed humanitarian services, compared to 76 million people in 2014. The global response to this crisis included a World Humanitarian Summit in 2016, which generated commitments to deliver better services to people in humanitarian crises.

6. This four-year period also witnessed a rise in populism and extremism that affected policies, institutions and services. Although the net official development assistance increased from member countries of the Development Assistance Committee of the Organisation for Economic Co-operation and Development, 2016 data show that bilateral aid to the least developed countries fell by 3.9 per cent in real terms from 2015 levels.

7. In 2016, General Assembly resolution 71/243 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system called for intensified efforts by the United Nations development system to improve the effectiveness, efficiency, coherence and impact of operational activities to support the implementation of the 2030 Agenda for Sustainable Development.

8. The new UNFPA strategic plan, 2018-2021, mainstreams humanitarian action, including building resilience, into all its tenets, and emphasizes partnership as a critical mode of engagement. Embracing calls for reform at the United Nations, the UNFPA strategic plan, 2018-2021, specifies the results that UNFPA will achieve jointly with UNDP, the United Nations Children's Fund (UNICEF) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women).

9. UNFPA is committed to achieving three transformative results by 2030: (a) ending preventable maternal mortality; (b) ending the unmet need for family planning; and (c) eliminating gender-based violence and harmful practices.

10. UNFPA initiated a comprehensive change-management process to complement the implementation of its strategic plan, 2018-2021, to position UNFPA to better contribute to the achievement of the Sustainable Development Goals, and to respond to the reforms of the United Nations Secretary-General. A recommendation from the evaluation of the architecture supporting the operationalization of the UNFPA strategic plan, 2014-2017, informed the change-management process.

11. UNFPA designed this multi-phase process as a catalyst for change and to provide systematic change initiatives. The comprehensive resources review is supported by the new strategic plan and seeks to ensure that human and financial resources are optimally deployed. The change-management process also includes an information communication technology (ICT) transformation initiative that will serve as the organization's operating platform through 2030.

III. Results achieved during 2014-2017

A. Attainment of the goal of the UNFPA strategic plan, 2014-2017

Achieving universal access to sexual and reproductive health, the realization of reproductive rights, and the reduction of maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development

12. The world made significant progress towards achieving universal access to sexual and reproductive health, realizing reproductive rights and reducing maternal mortality. The impact-level indicators of the strategic plan used to track this progress revealed positive trends.

13. The analysis shows that all regions made progress towards achieving universal access to sexual and reproductive health and reproductive rights. The regions that included primarily UNFPA priority countries experienced faster progress during 2010-2015, compared to the period during 2005-2010, except for those regions affected by humanitarian crises. In particular, the least developed countries (which utilized 53.9 per cent of the UNFPA programme budget, 2014-2017), recorded faster progress between 2010 and 2015. This trend corroborates the aim of the strategic plan to accelerate progress in achieving the Millennium Development Goals.

14. Figure 1 below highlights key results from family planning commodity distribution in UNFPA priority countries between 2014 and 2017.

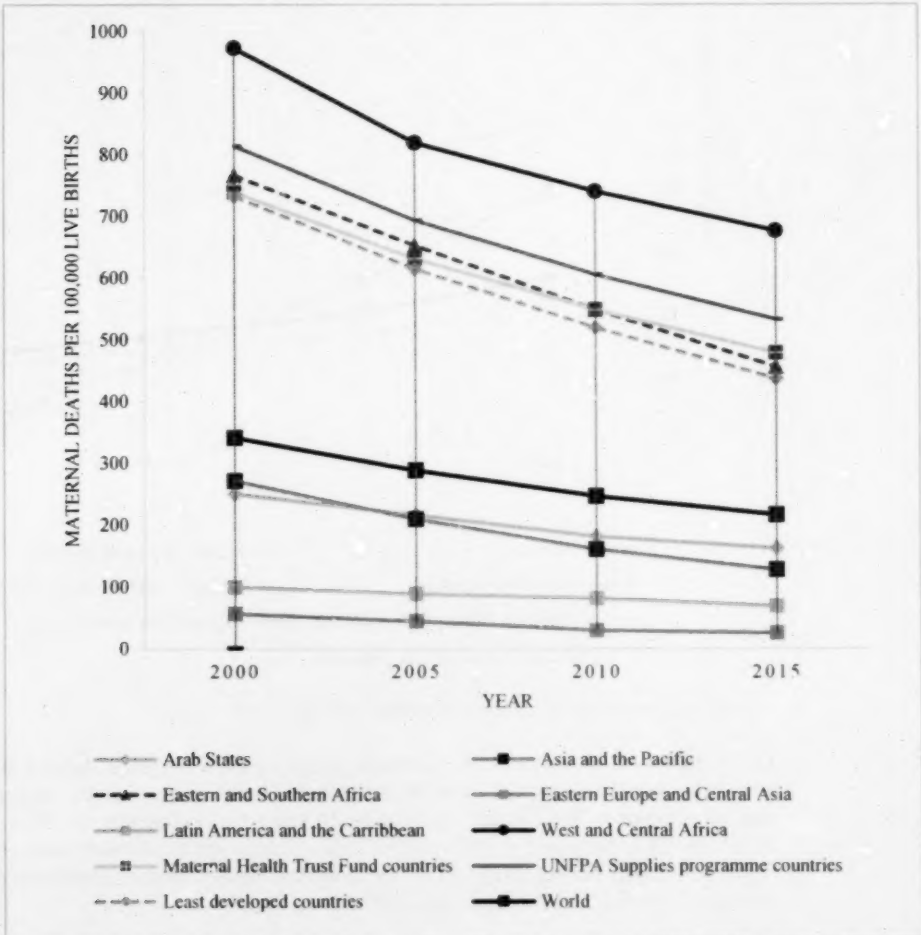
Figure 1: Key results from family planning commodity distribution, 2014-2017

Source: UNFPA estimates based on the Marie Stopes International Impact 2 model

15. The maternal mortality ratio declined worldwide by 37 per cent between 2000 and 2015. Figure 2 below illustrates this decline in UNFPA regions. Compared to world trends, the decline in the least developed countries and in countries in the East and Southern Africa region was faster between 2010 and 2015, compared to 2005-2010. Most of the countries in these two groups are UNFPA priority countries. Although the West and Central Africa region also includes UNFPA priority countries, the decline in that region was slower, primarily because of humanitarian emergencies.

16. UNFPA-supported countries, such as Bhutan, Cabo Verde, Cambodia, the Islamic Republic of Iran, the Lao People's Democratic Republic, Lebanon, Maldives, Mongolia, Oman, Rwanda and Timor-Leste, achieved Millennium Development Goal target 5a ('reduce by three quarters, between 1990 and 2015, the maternal mortality ratio'). Thirty-nine other countries were in the 'making progress' category.

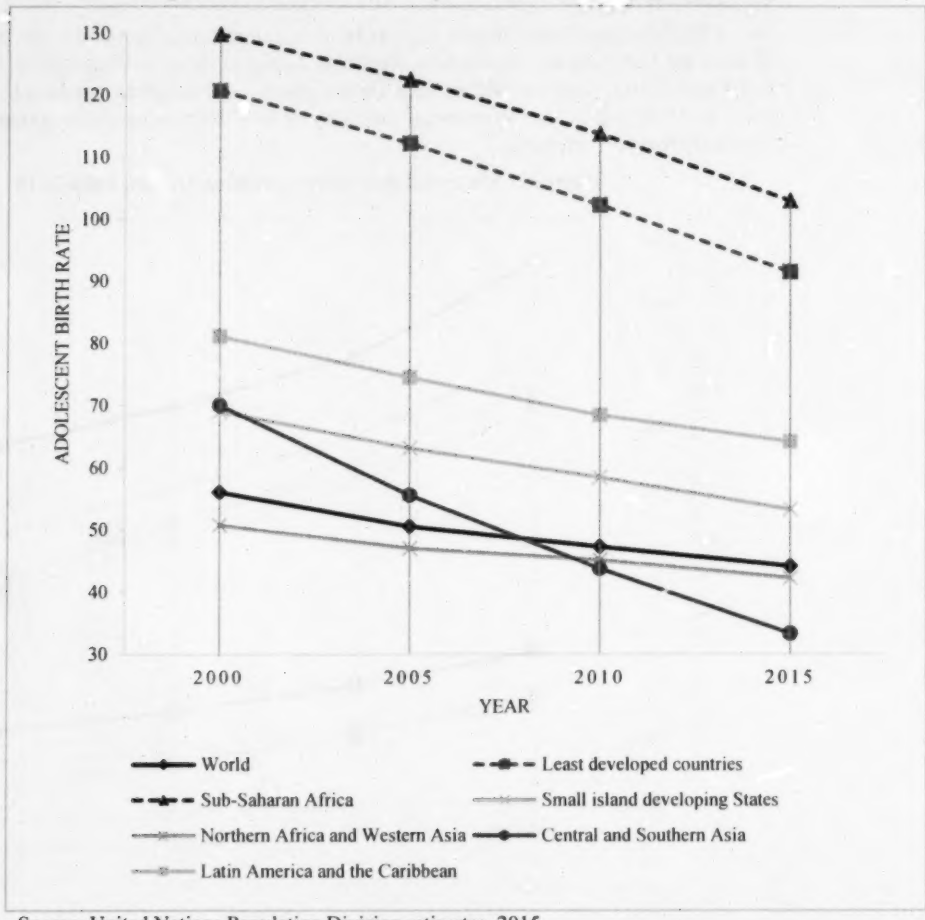
Figure 2: Maternal mortality reduction trends, 2000-2015



Source: Estimates by the World Health Organization (WHO), UNICEF, UNFPA, the World Bank Group and the United Nations Population Division, 2015

17. Global trends indicate that childbearing among adolescents declined by 21 per cent between 2000 and 2015. All geographical regions saw a decline. Southern Asia made the greatest progress, reducing the adolescent birth rate by more than 50 per cent. The decline was faster during 2010-2015, compared to 2005-2010, in the least developed countries and in sub-Saharan Africa, as shown in figure 3 below.

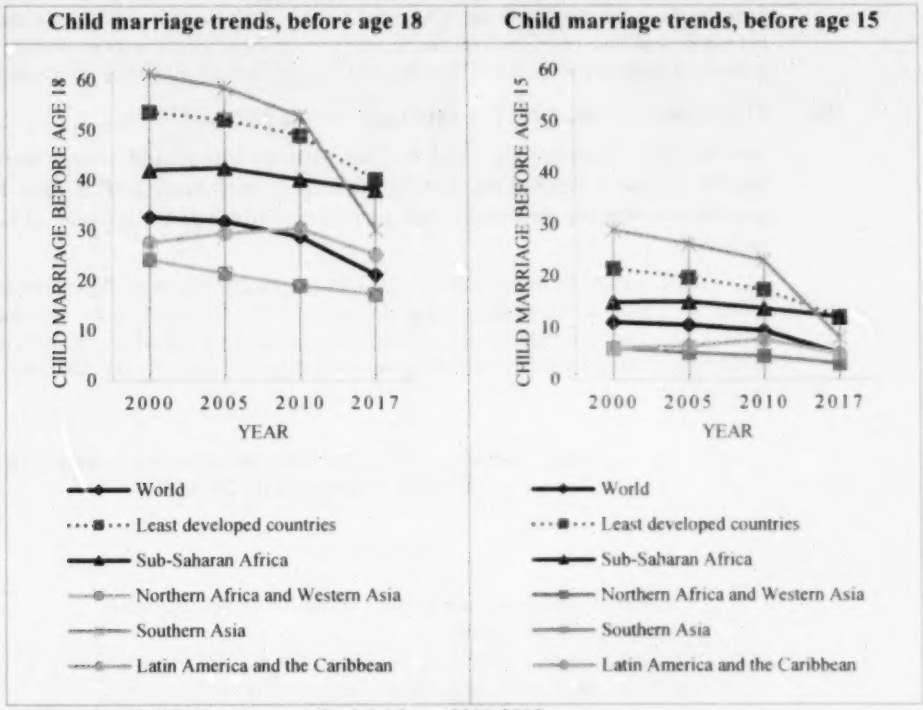
Figure 3: Adolescent (15-19 years) birth rate trends, 2000-2015



Source: United Nations Population Division estimates, 2015

18. Figure 4 below shows that child marriage declined in all regions. Around 2010, one in three women between the ages of 20 and 24 were married before the age of 18; around 2017, the ratio was down to one in five. For girls aged under 15 years, the decline was four times as fast between 2010 and 2017, compared to 2005-2010. Child marriage declined much faster in the South Asia region, especially during 2010-2017. The least developed countries experienced faster declines between 2010 and 2015, compared to 2005-2010.

Figure 4: Child marriage trends, 2000-2017



Source: Sustainable Development Goal database, 2000-2017

19. In 2015, there were 0.3 new HIV infections per 1,000 uninfected people in the world, reflecting a reduction of 9 per cent since 2010. In the least developed countries, the reduction was higher: 31.9 per cent for females and 34.6 per cent for males between 2010 and 2015, compared to 23.5 per cent for females and 23.6 per cent for males between 2005 and 2010. Among children under the age of 15, new HIV infections declined by 52.9 per cent between 2010 and 2015, compared to 34.7 per cent between 2005 and 2010. This was due to the expansion of antiretroviral treatment and the prevention of mother-to-child transmission.

20. The pursuit of universal access to reproductive health and reproductive rights revealed several lessons learned:

(a) The combination of affordability, quality and choices to access reproductive health services has the potential to reduce maternal mortality. For example, in the Zaatari refugee camp in Jordan, where UNFPA supported a clinic that applied such an approach and supported 7,000 deliveries, no maternal deaths have occurred since the clinic opened in 2013;

(b) UNFPA reaffirmed that proactively addressing women's concerns regarding health facilities was critical to achieving universal access to sexual and reproductive health;

(c) The achievement of universal access to sexual and reproductive health requires a multisector approach.

21. Unprecedented increases in humanitarian emergencies presented significant challenges during 2014-2017. In West Africa, over 30 million people required humanitarian services. The proportion of development assistance for population activities dropped from 6.63 per cent in 2014 to 5.08 per cent in 2016. In humanitarian contexts, only 12 per cent of the $2.5 billion contributed

to the protection and health sectors was used to fund sexual and reproductive health activities.[1] Increased conservatism and changing political dynamics decreased women's and girls' ability to access sexual and reproductive health services and realize their reproductive rights. UNFPA addressed these challenges and incorporated lessons learned in the new strategic plan, 2018-2021.

B. Outcomes of the UNFPA strategic plan, 2014-2017

Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access

22. Global trends show notable progress in increasing the availability and use of integrated sexual and reproductive health services during 2014-2017. Four of the 10 outcome indicators fully achieved the strategic plan target; for the other six outcome indicators, 60 per cent to 99 per cent of the targets were achieved, including two indicators that missed targets by 5 per cent (see table 1 below).

Table 1: Achievement of the outcome indicator targets of the UNFPA strategic plan, 2014-2017

	Indicator[2]	Percentage of the target achieved
1	Mainstreamed risk reduction and resilience, including climate change (target: 40 countries)	153
2	Resolutions adopted by regional bodies that include commitments on sexual and reproductive health (target: 48 resolutions)	127
3	Service delivery points have lifesaving medicines (target: 50 per cent of countries)	116
4	Increased the national budget for sexual and reproductive health (target: 42 countries)	102
5	Adopted and implemented protocols for family planning services (target: 23 countries)	87
6	No stock-out of contraceptives (target: 80 per cent of countries)	98
7	Contraceptive prevalence rate (target: 70 per cent)	90
8	Live births attended by skilled health personnel (target: 65 per cent of countries)	95
9	Use of condoms, female (target: 24 per cent)	86
	Use of condoms, male (target: 30 per cent)	86
10	Official development assistance dedicated to maternal health and family planning (target: 8.5 per cent)	60

23. During 2014-2017, 58 million women and young people in UNFPA priority countries utilized integrated sexual and reproductive health services. For some of these users, it was a life-saving and life-altering experience, as told by Myasuren Batjargal (see below).

[1] Source: United Nations Office for the Coordination of Humanitarian Affairs

[2] Includes only indicators that have end-of-plan targets

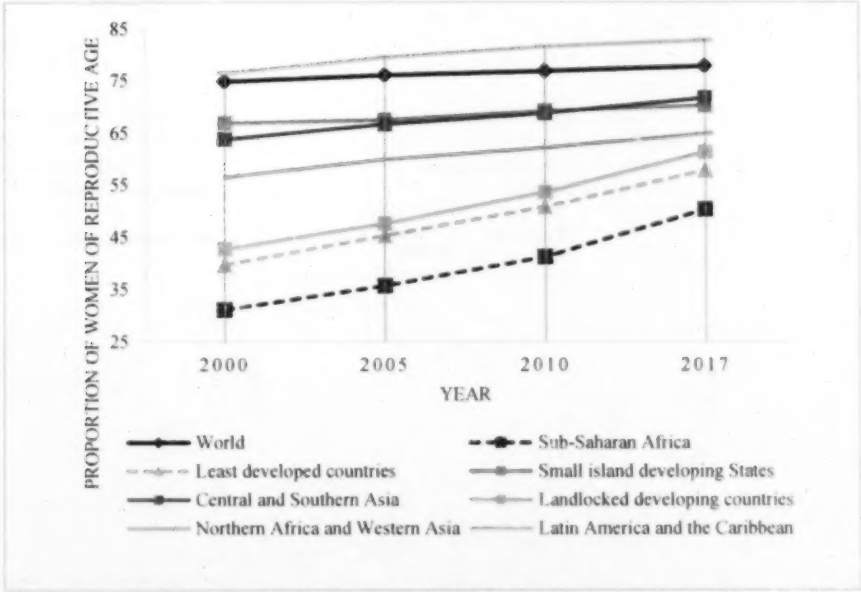
Myasuren Batjargal's story

When Myasuren Batjargal of Mongolia announced that she was pregnant at age 44, her family and friends were distraught. They thought she might not survive. Myasuren had long suffered from hypertension and spinal-related disabilities. Health workers agreed that the pregnancy was a high-risk one, but Myasuren was determined. "I know it's going to be difficult, but I really want this baby," she told the staff at the hospital in Khovd Province. Specialists were available in Ulaanbaatar, some 1,500 kilometres away, but traveling that far would be gruelling and costly. Fortunately, there was an alternative—an award-winning UNFPA telemedicine project that enabled her doctor to work closely with a team of experts at the National Centre for Maternal and Child Health of Mongolia, to help her deliver her baby safely.

By 2015, maternal mortality in Mongolia had dropped by more than two thirds, from 95 deaths per 100,000 live births in 2005 to 26 in 2015. The country has achieved the Millennium Development Goal of reducing the maternal mortality ratio by 75 per cent.

24. As shown in figure 5, access to and use of integrated sexual and reproductive health services increased faster from 2010 to 2017, compared to 2005-2010, in regions that consist mainly of UNFPA priority countries. In the least developed countries, the proportion of women who are married or in a union and have their need for family planning satisfied with modern methods increased by 14 per cent between 2010 and 2017, compared to 12 per cent between 2005 and 2010. In sub-Saharan Africa, the increase was 22 per cent for 2010-2017, compared to 15 per cent for 2005-2010.

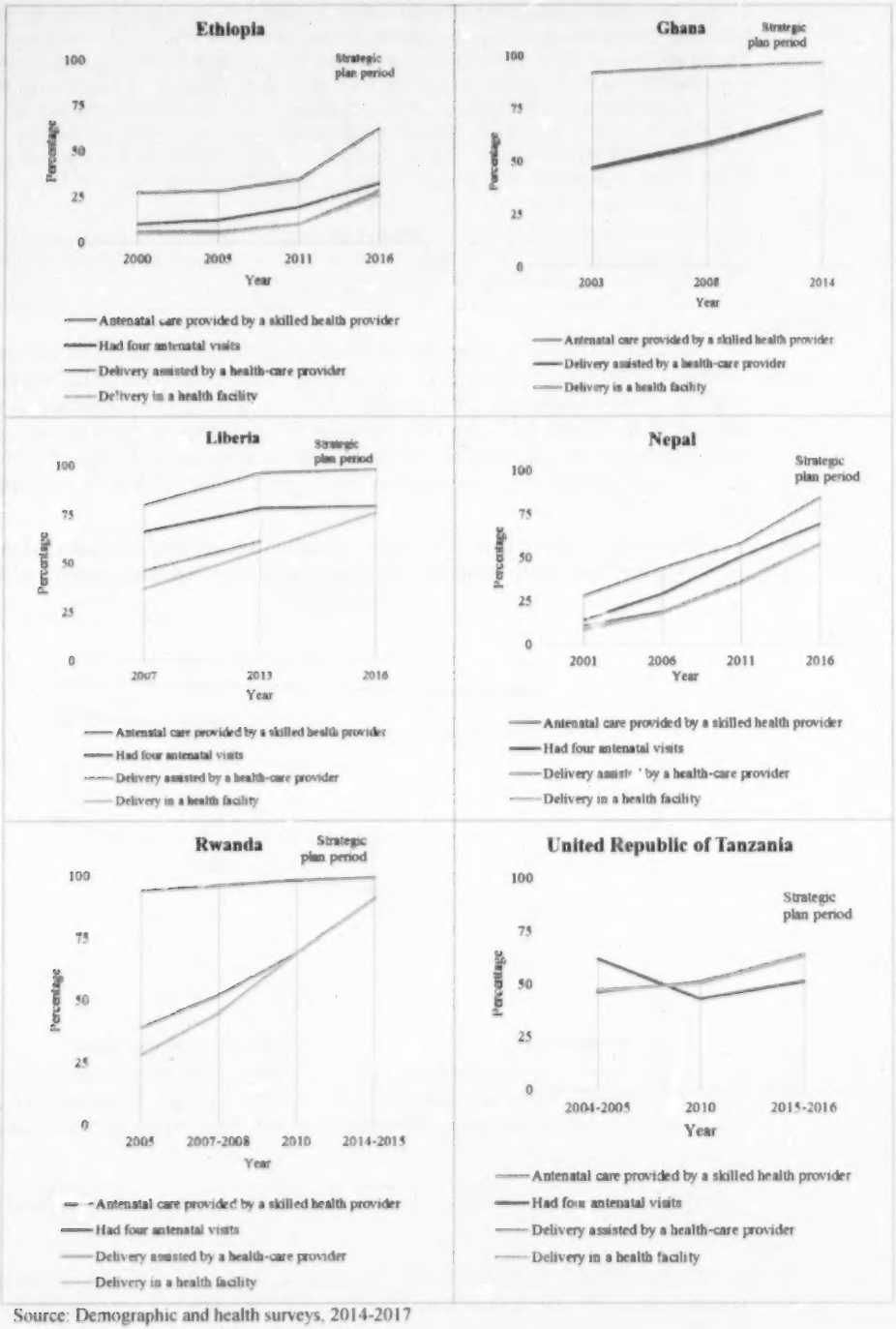
Figure 5: Proportion of women of reproductive age who are married or in a union and have their need for family planning satisfied with modern methods, 2000-2017



Source: United Nations Population Division, model-based estimates and projections of family planning indicators, 2017

25. Births attended by skilled birth attendants increased by 12 per cent, from 69.9 per cent around 2010 to 78.5 per cent in 2016. The increase was faster (23 per cent) in the least developed countries; in Southern Asia, it almost doubled. Figure 6 below shows the increased use of maternal health services in selected countries.

Figure 6: Increased use of maternal health services in selected countries



Source: Demographic and health surveys, 2014-2017

26. UNFPA exhibited strong performance for the strategic plan output targets on increasing the availability and use of sexual and reproductive health services. For two of the five outputs, UNFPA fully achieved the targets; another two outputs partially achieved the targets. The output on national capacity to deliver HIV programmes underperformed, primarily because of resource constraints. A detailed scorecard of performance on the outputs is available in annex 1. Figure 7 below illustrates some of the key achievements.

Figure 7: Key achievements for access to and utilization of sexual and reproductive health, 2014-2017

Enabling environment created
47 countries
developed health-care worker protocols and standards on sexual and reproductive health for young people
82 countries
developed midwifery workforce policies based on international standards
36 countries
developed a costed integrated national action plan for sexual and reproductive health
45 countries
had budgeted humanitarian contingency plans that contain sexual and reproductive health, including services for survivors of sexual violence
20 countries
developed costed supply chain management strategies
Institutions and systems strengthened
30 countries
had functional logistics management information systems for reproductive health commodities
59 countries
implemented comprehensive condom programming
47 countries
engaged sex worker-led organizations in implementing sexual and reproductive health programmes for sex workers
Individuals reached
57,285
fistula repair surgeries supported
41 million
women and girls benefited from sexual and reproductive health services and from prevention and care services for gender-based violence in humanitarian settings
Over 32,000
midwives were educated and trained
100,000
women and young people with disabilities utilized sexual and reproductive health services in 2017
113 million
couple-years of protection generated
Strategic plan contributions to the Sustainable Development Goals

Source: Country office annual reports, 2014-2017

27. Partnerships played an important role in increasing the availability and use of sexual and reproductive health services. The Family Planning 2020 partnership, whose reference group UNFPA co-chaired, enabled more than 309 million women and adolescent girls to use modern contraception by 2017, an increase of 38.8 million since the launch of the partnership in 2012.

28. The independent evaluation of the H6 partnership – a partnership of the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNFPA, UNICEF, UN-Women, WHO and the World Bank Group that supports 10 countries in sub-Saharan Africa – found that the programme expanded access to reproductive, maternal, newborn, child and adolescent health services in underserved geographical areas and among populations most in need.

29. UNFPA supported the Global Financing Facility – a key financing platform of the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). Through this platform, UNFPA supported 11 countries in developing health-financing strategies on reproductive, maternal, newborn, child and adolescent health.

30. The achievement of increased availability and use of integrated sexual and reproductive health services revealed several lessons:

(a) The provision of integrated sexual and reproductive health services increases efficiency and effectiveness, and offers clients services that are more satisfactory. If full care for all pregnant women and newborns included the provision of modern contraception for women who wish to avoid pregnancy, maternal deaths would drop from 308,000 to 84,000 per year, and newborn deaths would drop from 2.7 million to 538,000 per year;

(b) A multisectoral approach is critical in order to accelerate the use of integrated sexual and reproductive health services;

(c) The integration of human rights into health laws and policies, and addressing violations of the right to health, enable young people to access and use sexual and reproductive health services;

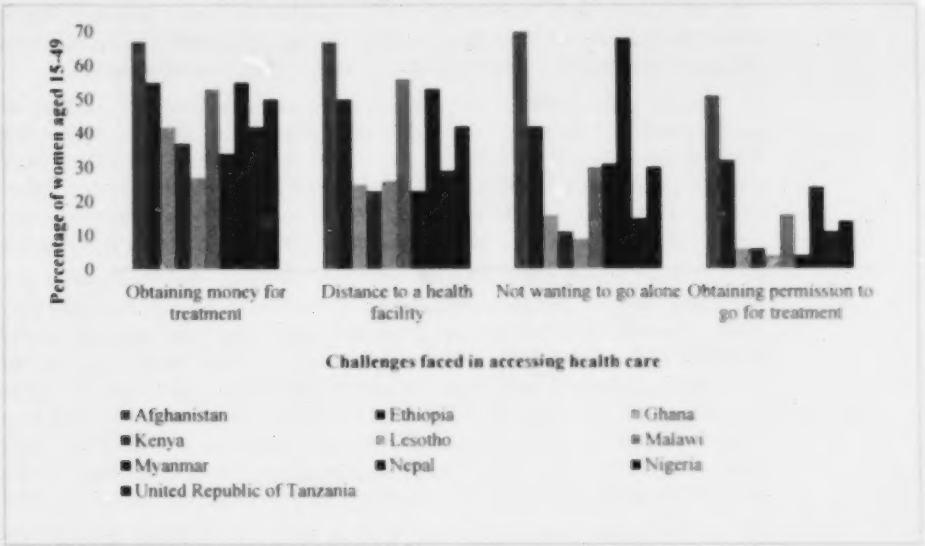
(d) Financial barriers should be addressed to ensure the affordability and use of sexual and reproductive health services by adolescents;

(e) The engagement of private-sector health service providers is equally important to that of the public sector in providing high-quality, integrated sexual and reproductive health services.

31. According to the findings of the demographic and health surveys conducted during 2014-2017, the greatest challenge to accessing health care among women of reproductive age remains obtaining money for treatment (see figure 8 below). Other significant challenges these women face include the distances to health facilities, not wanting to visit health facilities alone, and obtaining permission to go for treatment.

32. During 2014-2017, UNFPA implemented measures to mitigate these challenges. For example, the "schools for husbands" project implemented in Burkina Faso, Côte d'Ivoire, Mali and Niger increased the involvement of husbands in reproductive health matters as well as access to services.

Figure 8: Challenges faced in accessing health care



Source: Demographic and health surveys, 2014-2017

33. UNFPA will address the challenges faced in accessing health care by: (a) focusing on reaching marginalized populations; (b) supporting risk pooling and prepayment schemes; (c) supporting health infrastructure through partnerships; and (d) promoting gender equality, the empowerment of women and girls, and the promotion, protection and fulfilment of the human rights of women and girls.

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly the increased availability of comprehensive sexuality education and sexual and reproductive health services

34. The period during the strategic plan witnessed notable progress in prioritizing adolescents, especially adolescent girls, in development frameworks and plans. For one of the three outcome indicators, the progress reached over 100 per cent of the strategic plan target. For each of the other two indicators, the progress reached at least 75 per cent (see table 2).

Table 2: Achievement of the outcome indicator targets of the UNFPA strategic plan, 2014-2017

	Indicator	Percentage of the target achieved
1	Countries have laws and policies that permit adolescents to access to sexual and reproductive health (target: 88 countries)	113
2	HIV knowledge of men aged 15-24 (target: 38 per cent)	81
3	HIV knowledge of women aged 15-24 (target: 28 per cent)	76

35. Key global and regional development frameworks adopted during the strategic plan period prioritized adolescents, especially adolescent girls. The 2030 Agenda for Sustainable Development and the African Union's Agenda 2063 identified the demographic dividend as a critical path to sustainable development. The updated Global Strategy for Women's, Children's,

and Adolescents' Health (2016-2030) includes greater prioritization of adolescents. The World Humanitarian Summit in 2016 launched a compact for young people in humanitarian action to ensure that the priorities, needs and rights of young people affected by humanitarian disasters are addressed, and that they are engaged in all stages of humanitarian action.

36. In 2015, the United Nations Security Council unanimously adopted resolution 2250 on youth, peace and security, urging Member States to increase the representation of youth in decision-making at all levels for the prevention and resolution of conflict. An independent study jointly coordinated by UNFPA and the United Nations Peacebuilding Support Office, entitled "The missing peace: independent progress study on youth and peace and security", defined the critical issues and areas of interventions for the youth, peace and security agenda.

37. At the regional level, UNFPA advocacy platforms and partnerships played key roles in increasing the prioritization of adolescents and youth. In West Africa, UNFPA, along with other United Nations and civil society partners, formed a regional coalition to end child marriage. Member States of the African Union endorsed a common position to end child marriage, and 20 countries launched campaigns to end this practice. The Southern African Development Community Parliamentary Forum adopted a model law to eradicate child marriage and protect children already in marriage. The Caribbean Community (CARICOM) developed a strategic framework for the reduction of adolescent pregnancy in the Caribbean. In addition, the South Asian Association for Regional Cooperation adopted an action plan to end child marriage.

38. At the country level, Egypt amended the child law to include the criminalization of female genital mutilation and to increase the age of marriage to 18 years without exception. Cameroon, Chad, Gambia, Malawi and Zimbabwe amended legislation to set the age of marriage at 18 years. Six other countries (Costa Rica, Ecuador, Guatemala, Mexico, Nepal and Panama) set a higher minimum age for marriage, while Burkina Faso, Ghana and Nigeria launched national strategies and policies on child marriage.

39. The increased prioritization of adolescents and youth at global, regional and country levels enabled more adolescents to access sexual and reproductive health services. In 2017, over 5 million adolescents and youth accessed sexual and reproductive health information and services in UNFPA priority countries.

Lydia's story

"I have seen girls become pregnant, victims of violence and become HIV-positive, and I don't want to become one of those girls," said 13-year-old Lydia Mwelwa, a student in Lusaka, Zambia. "I'm happy they have taught us in school how we girls can protect ourselves." She and her classmates are learning about comprehensive sexuality education after teachers received training from UNFPA.

With support from UNFPA and the United Nations Educational, Scientific and Cultural Organization (UNESCO), Zambia integrated comprehensive sexuality education into its school curriculum in 2014. It also introduced an out-of-school youth curriculum in 2016 to meet the needs of 34 per cent of the young population aged 10-24 years. Between 2014 and 2016, pregnancies among primary school girls decreased by 11.4 per cent, while dropout rates among the same population declined from 2.1 per cent in 2014 to 1.8 per cent in 2016.

40. UNFPA fully achieved the strategic plan outputs for increasing the prioritization of adolescents, especially adolescent girls, in development frameworks. The output indicators achieved 100 per cent of the strategic plan targets (see annex 1). Figure 9 below highlights the key achievements of the UNFPA strategic plan outputs for outcome 2.

Figure 9: Key achievements for adolescents and youth, 2014-2017

Enabling environment created
16 countries
developed laws and policies that allow adolescents access to sexual and reproductive health services
23 countries
in Africa had roadmaps or country profiles for the demographic dividend
Institutions and systems strengthened
38 countries
aligned all national comprehensive sexuality education curricula with international standards
30 countries
implemented skills-building programmes for adolescent girls at risk of child marriage
47 countries
established participatory platforms that advocate increased investments in marginalized young people
Individuals reached
1.3 million
marginalized girls in UNFPA priority countries benefited from life-skills programmes in 2017
Strategic plan contributions to the Sustainable Development Goals

Source: Country office annual reports, 2014-2017

41. The independent evaluation of UNFPA support to adolescents and youth, 2008-2015, found that UNFPA significantly increased its policy and programmatic focus on adolescents and youth. It concluded that UNFPA is a recognized leader in the area of sexual and reproductive health for adolescents and youth, and a champion for adolescent girls.

42. Partnerships were critical in increasing the prioritization of adolescent issues. In 2016, UNFPA and UNICEF launched the Global Programme to Accelerate Action to End Child Marriage. In 2016, the Global Programme reached over 700,000 girls through support to life skills and school attendance, and supported over 7,500 schools to improve the quality of education for adolescent girls. As of 2017, 8 of 12 programme countries – Burkina Faso, Ethiopia, Ghana, Mozambique, Nepal, Nigeria, Uganda and Zambia – had developed national action plans or strategies to end child marriage.

43. The independent evaluation of UNFPA support to adolescents and youth identified several challenges affecting the prioritization of adolescents in policies and programmes. Among them were: (a) inadequate resources allocated to implement and review the policies and programmes; (b) lack of information dissemination to youth in communities regarding policies and programmes for youth; and (c) weak cooperation between ministries and their subordinate organizations for the development and implementation of youth-related policies.

44. UNFPA learned that school-based sexuality education was most effective when linked with out-of-school sexuality education, community programmes and health system strengthening programmes. The success of demographic dividend programmes was stronger in countries where Governments provided strong leadership for the entire programming process, including assessment, planning, programming and implementation, monitoring and evaluation, and the adoption of a multisectoral approach.

45. Building on the lessons learned, UNFPA, in its new strategic plan, 2018-2021, prioritized the empowerment of adolescents and youth to attain universal access to sexual and reproductive health. The strategic plan emphasizes youth capabilities and skills, a conducive policy environment, and youth leadership and participation.

Outcome 3: Gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth, are advanced

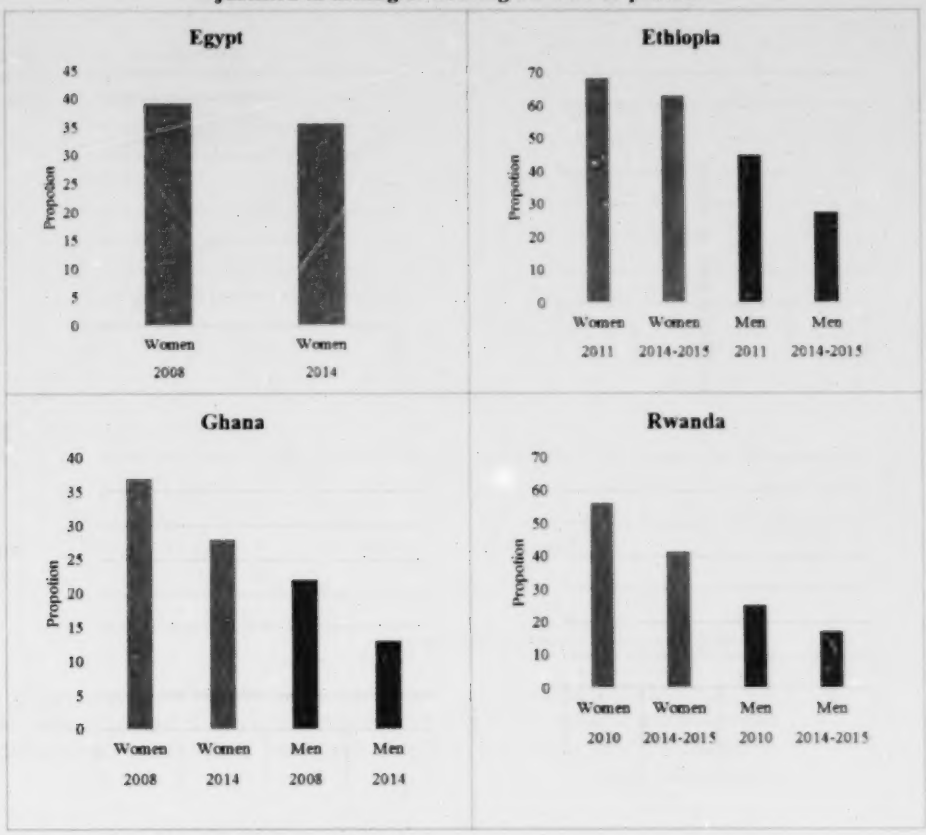
46. Gender equality and the empowerment of women and girls progressed during 2014-2017. Two of the three indicators for this outcome achieved 85 per cent of the targets. For the indicator on countries that took action on all universal periodic review-accepted recommendations, the achievement of the strategic plan target was 48 per cent due to the ambitiousness of the indicator and the target. Notably, 63 per cent of countries took action on at least 75 per cent of the recommendations.

Table 3: Achievement of the outcome indicator targets of the UNFPA strategic plan, 2014-2017

	Indicator	Percentage of the target achieved
1	Women aged 15-49 years who think that a husband/partner is justified in hitting or beating his wife/partner (target: 40 per cent)	99
2	Country gender equality national action plans integrated reproductive rights (target: 82 countries)	85
3	Countries that took action on all universal periodic review-accepted recommendations on reproductive rights (target: 25 per cent)	48

47. Outcome 3 on gender equality, empowerment of women and girls, and reproductive rights showed encouraging results. Notably, the perception that a man is justified in hitting or beating his wife or partner declined in some programme countries. Figure 10 below illustrates such declines in Egypt, Ethiopia, Ghana and Rwanda.

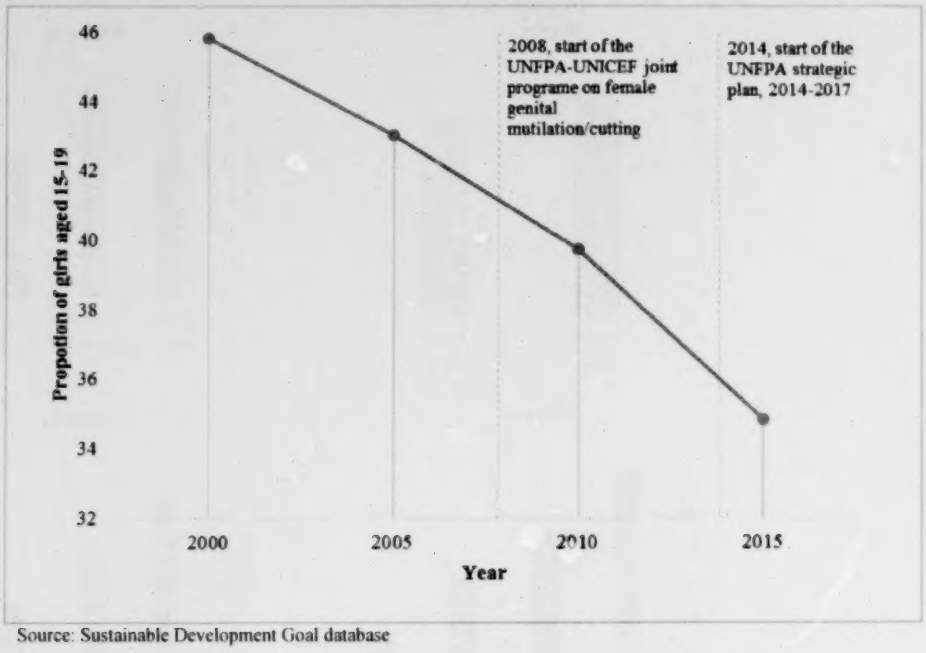
Figure 10: Trends in the proportion of women and men who agree that a man is justified in hitting or beating his wife or partner



Source: Demographic and health surveys, 2014-2017

48. Prevalence rates for female genital mutilation among girls aged 15-19 years declined by 12.3 per cent between 2010 and 2015, compared to a 7.5 per cent decline between 2005 and 2010. The change was more dramatic in countries such as Ethiopia, where the rates dropped from 74 per cent in 2005 to 65 per cent in 2016. In addition, there were encouraging changes in policies and legal frameworks; Gambia, Liberia and Nigeria adopted laws banning female genital mutilation.

Figure 11: Proportion of girls aged 15-19 years who have undergone female genital mutilation, 2000-2015



Source: Sustainable Development Goal database

49. UNFPA fully achieved the three strategic plan outputs to advance gender equality and the empowerment of women and girls (see annex 1). Figure 12 highlights some of the key results achieved. Millions of women and girls, like Anya (see below), increased their demand for reproductive rights.

Anya Shevko's story

"The maternity hospital in Mozyr said its staff would carry me to the toilet and to the shower, but I didn't want to be carried," Anya explained. "I wanted to do things on my own." When Anya Shevko, 29, became pregnant, she became the first wheelchair user in Mozyr, Belarus, to start a family.

There are approximately half a million people with disabilities in Belarus. The country ratified the Convention on the Rights of Persons with Disabilities in 2016. The Convention stipulates the right to sexual and reproductive health for persons with disabilities.

Figure 12: Key achievements for gender equality and the empowerment of women and girls, 2014-2017

Enabling environment created
25 countries
integrated reproductive rights into gender equality national action plans
29 countries
in which civil society organizations implemented accountability mechanisms to address reproductive rights
56 countries
integrated gender-based violence prevention, protection and response into national sexual and reproductive health programmes
13 of 17
priority countries under the UNFPA-UNICEF joint programme on female genital mutilation/cutting developed legal frameworks to abandon female genital mutilation/cutting
Institutions and systems strengthened
31 countries
had functioning tracking and reporting systems for reproductive rights obligations
32 countries
in which civil society organizations supported the engagement of men and boys in programmes on gender equality
8,963 communities
publicly declared the abandonment of female genital mutilation with support from the UNFPA-UNICEF joint programme on female genital mutilation/cutting
77 per cent of countries
affected by a humanitarian crisis in 2017 had a functioning inter-agency, gender-based violence coordination body as a result of UNFPA guidance and leadership
Individuals reached
Over 700,000
women and girls,† including 4,400 disabled women and girls subjected to violence, accessed essential services in 2017, with support from UNFPA
817,000
girls saved from female genital mutilation
Strategic plan contributions to the Sustainable Development Goals

Source: Country office annual reports, 2014-2017
† In 35 UNFPA priority countries

50. UNFPA encountered challenges in advancing gender equality and the empowerment of women and girls. These included a rising number of populist and conservative groups; discriminatory enforcement or lack of enforcement of laws; and laws that did not comply with international standards. Other challenges included: (a) programmes that did not sufficiently address the root causes of gender-based violence; (b) harmful practices and social norms; (c) shrinking civil society spaces; and (d) social instability, due to the increased frequency and severity of natural disasters and conflicts, protracted crises and violent extremism.

51. UNFPA learned that a multisectoral and coordinated approach was effective for the prevention of and response to gender-based violence and harmful practices. Addressing harmful sociocultural and gender norms is a necessary condition for increasing gender equality and empowering women and girls. Strengthening stakeholder accountability at all levels is essential (see annex 4).

52. Under the new strategic plan, 2018-2021, UNFPA will continue to advance gender equality and the empowerment of women and girls by committing itself to eliminating gender-based violence and harmful practices in all settings, through a continuum approach. UNFPA will emphasize the use of robust theories of change to: (a) identify and address the root causes of gender inequality; (b) address sociocultural and gender norms; (c) strengthen the multisectoral and coordinated approach; and (d) strengthen collective multi-stakeholder accountability.

Outcome 4: National policies and international development agendas strengthened, through the integration of evidence-based analysis on population dynamics, and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

53. Noteworthy progress was made in strengthening national policies and international development agendas. Two of the five outcome indicators achieved 100 per cent of each target. Progress towards each of the targets for the three other indicators was at least 90 per cent (see table 4 below).

Table 4: Achievement of the outcome indicator targets of the UNFPA strategic plan, 2014-2017

	Indicator	Percentage of the target achieved
1	National development plans that address population dynamics (target: 70 per cent)	136
2	Outcome documents of global and regional intergovernmental meetings that address sexual and reproductive health, reproductive rights, gender equality, the needs of adolescents and youth, and population dynamics (target: 90 per cent)	107
3	Countries had a household survey during the last 5 years (target: 110 countries)	99
4	Country had at least one census during the last 10 years (target: 117 countries)	97
5	Countries completed evaluations on sexual and reproductive health, adolescents and youth, and on related areas (target: 108 countries)	90

54. Ninety per cent of the national development plans developed during 2014-2017 in UNFPA programme countries addressed population dynamics. Namibia integrated gender equality and sexual and reproductive health into its fifth National Development Plan, 2017-2021. Chad, Côte d'Ivoire, Mali and Mauritania integrated the demographic dividend into their national development plans. The Philippines Development Plan, 2017-2022, addresses population dynamics, and includes a chapter on the demographic dividend.

55. A number of countries integrated the rights of the elderly into their national policies and programmes. Bosnia and Herzegovina developed a strategy on ageing; Cambodia developed a national ageing policy; Fiji reviewed its ageing policy; and Moldova developed a road map on ageing. China developed an indicator framework for its 13th five-year plan on ageing; Cuba conducted a national survey of ageing and migration; Georgia developed a policy on population ageing; and Mongolia reformulated its healthy ageing and pension reform policies.

56. The vast majority (96 per cent) of the global and regional development agendas developed during 2017 addressed sexual and reproductive health, reproductive rights, gender equality, the needs of adolescents and youth, and population dynamics.

57. UNFPA support to the generation and analysis of population data was instrumental in enabling countries to integrate population dynamics into their policies and programmes. An independent evaluation of UNFPA support to the population and housing census, 2005-2014, concluded that the support provided was positive, highly relevant, delivered efficiently and strengthened national capacities in the production and availability of quality data. The majority of countries (135), including 122 developing countries, implemented the 2010 round of censuses and strengthened their population data systems. The Myanmar case (see below) illustrates the importance of census data.

Myanmar

In 2014, Myanmar embarked on its first national census since 1983, with the support of UNFPA. This was the first time all people and ethnic states were covered.

The census revealed that the population of Myanmar was nine million people less than the official estimate of 60 million people, resulting in adjustments in economic indicators and in private-sector strategies. The census also showed that Myanmar had a literacy rate of 92.6 per cent among men and 86.9 per cent among women. It revealed a high maternal mortality ratio of 282 deaths per 100,000 live births and a low labour force participation rate for females (50.5 per cent), compared to 85.2 per cent for males. The Ministry of Health has since developed interventions to reduce maternal and infant mortality. Data from the census have also been used to develop a national education sector plan and a national youth policy.

58. During 2014-2017, UNFPA developed tools to advocate the integration of population dynamics into policies and programmes. The UNFPA compendium of evidence and argumentation on the links between universal access to sexual and reproductive health and reproductive rights, and sustainable development, is one such tool that informed the development of the Sustainable Development Goals.

59. UNFPA achieved the targets for the strategic plan outputs under outcome 4 by 60 per cent to 99 per cent (see annex 1). Figure 13 below illustrates the key achievements for population data between 2014 and 2017.

Figure 13: Key achievements for population data, 2014-2017

Enabling environment created
28 countries
prioritized ageing
9 countries
in Africa integrated the demographic dividend into their national development plans
95 per cent
of national development plans developed in 2017 integrated population into those plans
Institutions and systems strengthened
53 countries
established a plan to generate and report on UNFPA-supported Sustainable Development Goal indicators
44 countries
established online national population data platforms that are publicly accessible by users
39 countries
where national statistical authorities had the capacity to analyse and use disaggregated data on adolescents and youth
43 countries
implemented population situation analyses with support from UNFPA
18 countries
made subnational estimates a part of their censuses and demographic and health surveys in 2017
Strategic plan contributions to the Sustainable Development Goals

Source: Country office annual reports, 2014-2017

60. UNFPA learned several lessons in supporting the generation of population data, analysis and use:

(a) Emerging technology solutions improved the quality, cost effectiveness and timeliness of census operations. For instance, the application of cost-effective satellite imagery and remote sensing technology that is able to reach difficult or unsafe areas enabled Afghanistan, in 2017, to generate census data for the first time in 38 years. In 2017, Namibia launched the first intercensal demographic survey that employed a paperless method, referred to as a computer-assisted personal interview, which had built-in quality checks, edit rules and validation mechanisms;

(b) Most countries that used paper questionnaires in the 2010 census round expressed interest in using hand-held digital devices, such as laptops, in the 2020 census round. Enumeration areas and household mapping techniques have progressed from paper lists to geographic information systems, global positioning systems and digitized maps;

(c) Countries are moving gradually towards censuses that use administrative data, instead of traditional censuses that depend on data from periodic enumerations. Administrative data are generated through existing systems, such as health management information systems and civil registration systems. In the Eastern Europe and Central Asia region, the number of traditional censuses declined from 30 to 24 between the 2000 and 2010 census rounds.

61. Strategic partnerships were instrumental in increasing the availability, quality and timeliness of data for informing and improving national policies and development frameworks. The UNFPA partnership with the International Committee on Census Coordination ensured the coordination of support to national census authorities.

62. The following are challenges encountered in the generation and utilization of population data:

(a) In a review of the 2010 census round by the United Nations Statistics Division and the United States Census Bureau, census cost was the most commonly reported challenge;

(b) Many national statistical offices in developing countries experience high staff turnover and struggle to maintain qualified technical staff from one census to another;

(c) While new technologies have opened opportunities for modernizing census operations, they have also increased challenges in staffing in this highly technical field;

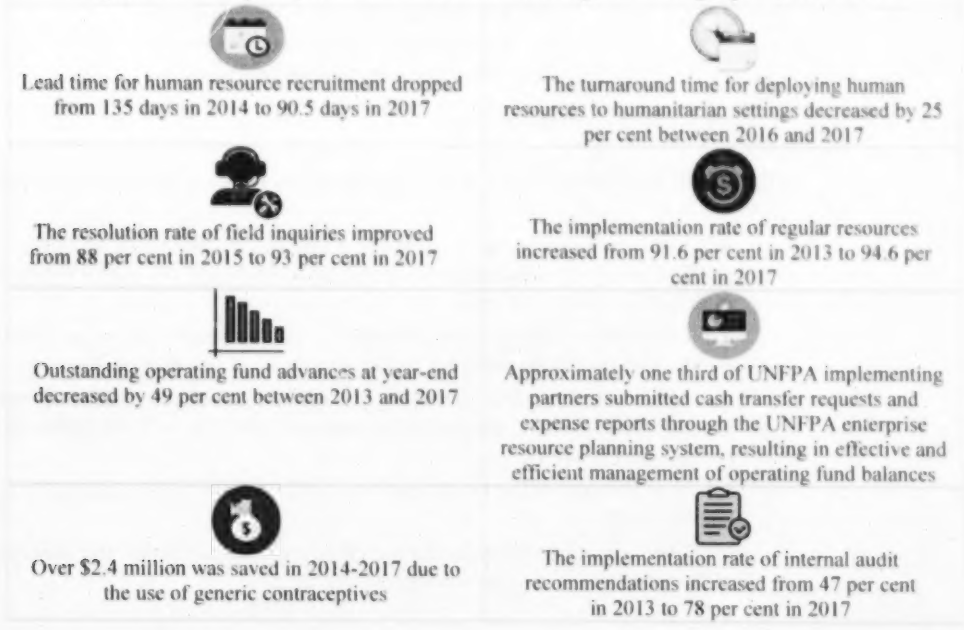
(d) UNFPA support to the census was demand-driven and generated national ownership and leadership. The absence of high-quality and timely needs assessments is a risk associated with this approach.

63. Under the new strategic plan, 2018-2021, UNFPA will continue to improve national population data systems to strengthen mapping and address inequalities. UNFPA will focus on the use of data by mainstreaming the use of demographic intelligence in formulating and implementing development strategies, policies and programmes.

C. Organizational effectiveness and efficiency

64. UNFPA made good progress in organizational effectiveness and efficiency. UNFPA fully achieved the output on increased adaptability through innovation, partnership and communication. UNFPA partially achieved two outputs: (a) improved quality assurance, monitoring and evaluation; and (b) improved mobilization, management and alignment of resources. Figure 14 below describes some of the gains in operational efficiencies made by UNFPA during 2014-2017.

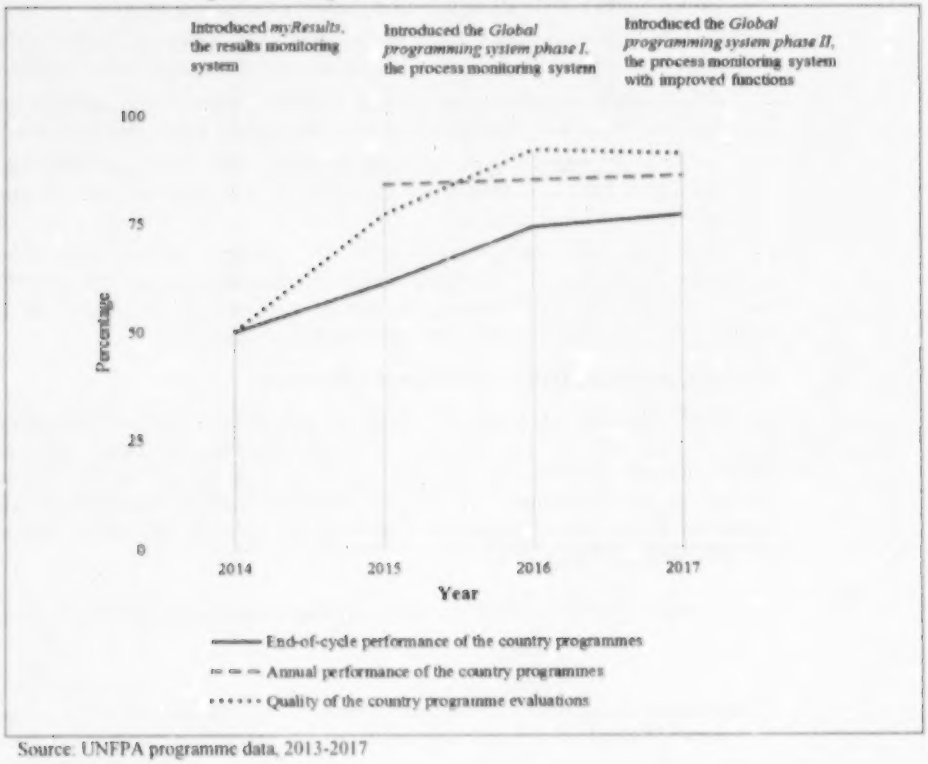
Figure 14: Gains in operational efficiencies during the strategic plan, 2014-2017


Lead time for human resource recruitment dropped from 135 days in 2014 to 90.5 days in 2017
The turnaround time for deploying human resources to humanitarian settings decreased by 25 per cent between 2016 and 2017
The resolution rate of field inquiries improved from 88 per cent in 2015 to 93 per cent in 2017
The implementation rate of regular resources increased from 91.6 per cent in 2013 to 94.6 per cent in 2017
Outstanding operating fund advances at year-end decreased by 49 per cent between 2013 and 2017
Approximately one third of UNFPA implementing partners submitted cash transfer requests and expense reports through the UNFPA enterprise resource planning system, resulting in effective and efficient management of operating fund balances
Over $2.4 million was saved in 2014-2017 due to the use of generic contraceptives
The implementation rate of internal audit recommendations increased from 47 per cent in 2013 to 78 per cent in 2017

Enhanced programme effectiveness through improved quality assurance, monitoring and evaluation

65. During 2014-2017, UNFPA strengthened results-based management to improve the planning, monitoring and reporting of results, and the quality and use of evaluations. These efforts yielded results: the achievement of country programme results steadily increased, as shown in figure 15.

Figure 15: Improvement of country-level performance



Source: UNFPA programme data, 2013-2017

66. UNFPA implemented the following changes to improve results-based management during 2014-2017:

(a) All new country programmes undergo quality assurance to ensure that they meet required results-based management standards, including the use of evaluative evidence to inform programme strategies;

(b) All UNFPA units and programmes use one corporate system, *myResults,* which offers standard and verified indicators to plan, monitor and report on results;

(c) All workplans are managed through an automated online system, the Global Programming System, which is more rigorous, efficient and transparent than the previous paper-based system;

(d) Each country office has at least two staff members who acquired skills in results-based management;

(e) All evaluations use a standard corporate evaluation toolkit and undergo an assessment of the quality of the evaluation report.

67. The improvement in programming resulted in more focused and effective UNFPA programmes. The evaluation of the architecture supporting the operationalization of the UNFPA strategic plan, 2014-2017, found that the goal of the strategic plan, referred to as the "bull's eye", as well as the four outcomes of the strategic plan, had enhanced the focus of UNFPA programmes. Country programme evaluations conducted during 2014-2017 found that the majority of country programmes were effective, and that all of them were relevant to the country context and to the UNFPA strategic focus.

68. A review conducted in 2014 by the Multilateral Organization Performance Assessment Network (MOPAN) found that UNFPA had improved its management for results at organizational and country levels. The findings from this review have been instrumental in improving organizational effectiveness in UNFPA.

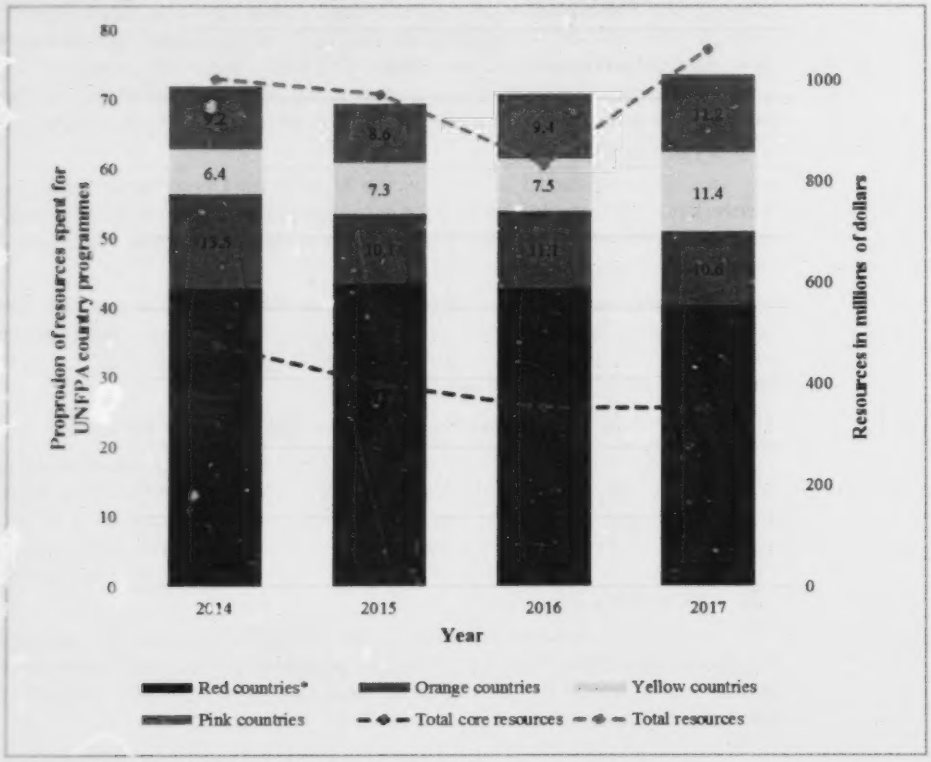
69. However, the process of altering staff perceptions and practices to embrace and execute results-based management is slower and more difficult in country offices without staff dedicated to monitoring and evaluation. In the new strategic plan, 2018-2021, UNFPA will further strengthen staff capacity to embrace results-based management.

Improved mobilization, management and alignment of resources

70. UNFPA received total contributions of $3,869 million (97 per cent of the target) during the period of the strategic plan, 2014-2017, against a target of $4,009 million, thereby falling short by $140 million. UNFPA met the target for co-financing resources by 97 per cent. For core resources, UNFPA achieved 96 per cent of the target, despite reductions by some donors, including the loss of $31 million from one key donor. In 2017, the total number of donors was 130, compared to 128 in 2016.

71. UNFPA is committed to ensuring that maximum resources are earmarked for UNFPA programme countries. UNFPA maintained a preferential share of resources for countries with the greatest need, despite fluctuations in the total amount of resources available. Figure 16 below illustrates this commitment.

Figure 16: Resources spent for UNFPA country programmes, 2014-2017



Source: UNFPA financial data, 2014-2017

*See DP/FPA/2013/12 for a description of country classifications by colour quadrant.

72. UNFPA improved its financial management during 2014-2017. UNFPA obtained a clean external audit opinion (an unqualified opinion) during the entire period of the strategic plan. In 2017, UNFPA achieved a 93 per cent implementation rate for the audit recommendations. UNFPA also made progress towards a unified funding architecture by introducing, in 2016, a policy for non-core resources management.

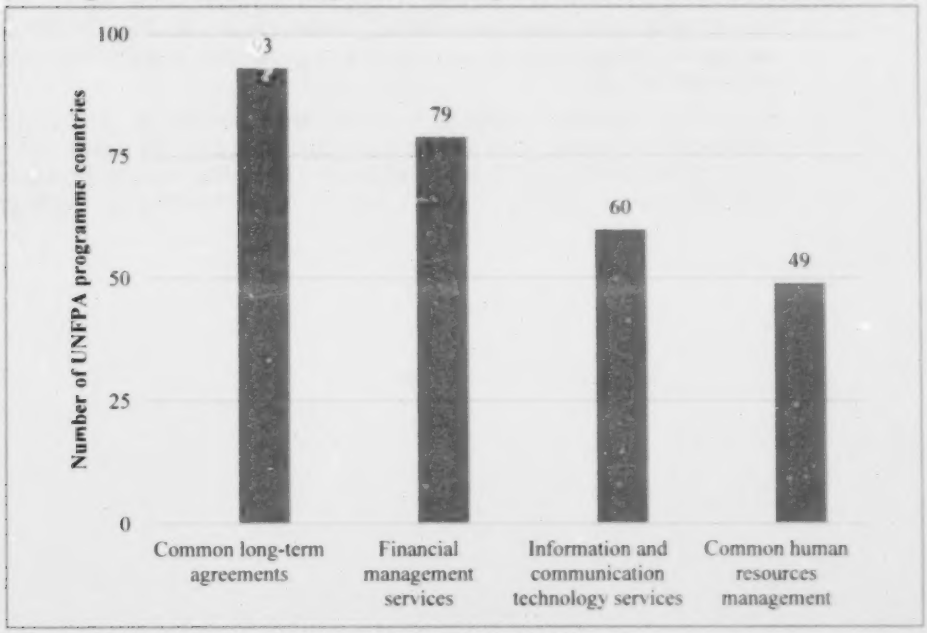
73. In 2017, UNFPA enhanced its Global Programming System to automate the management of implementing partners' cash transfer requests and expense reports, thereby enhancing the effectiveness and efficiency of these processes. UNFPA developed new guidelines for the management of programme supplies and with support from its partners, introduced a financing mechanism to accelerate the procurement of reproductive health supplies to prevent delays and stock-outs.

74. In 2017, UNFPA launched the risk response phase of its enterprise risk management system, thereby implementing a full cycle from risk assessment to risk management. In the aid transparency tracker, UNFPA progressed from an "unambitious" rating in 2013 to an "ambitious" rating in 2017.

75. In line with efforts to harmonize and simplify business practices within the United Nations system, UNFPA continued to implement the harmonized approach to cash transfers to implementing partners, in collaboration with UNICEF and UNDP. UNFPA also developed an anti-fraud online training course with UNDP, the United Nations Capital Development Fund and UN-Women, which the organizations will launch in 2018.

76. As of 2017, UNFPA shared 69 per cent of its premises with one or more United Nations entities. This is above the target set by the Secretary-General to increase the proportion of United Nations common premises to 50 per cent by 2021 (A/72/684–E/2018/7). Figure 17 below illustrates the number of UNFPA country offices that implemented common services in 2017.

Figure 17: UNFPA country offices that implemented common services in 2017



Source: 2017 country office annual reports

77. UNFPA is a climate neutral organization. From 2014 to 2017, UNFPA reduced per capita emissions by 1.02 tons of carbon dioxide equivalent. UNFPA is developing a comprehensive emissions management system.

78. UNFPA made significant investments in performance management during 2014-2017. As a result, UNFPA staff who performed exceptionally increased by 10 per cent between 2012 and 2016. As of 2016, 44 per cent of UNFPA staff (versus the target of 38 per cent) feel that UNFPA effectively deals with underperformance.

79. UNFPA faced challenges in resource mobilization. These included the shift towards earmarked resources (non-core resources) vis-à-vis core resources; the volatility of exchange rates; reduction of contributions from certain donors; and the fact that only one third of donors provide multi-year core funding. Moreover, the majority of payments for core commitments occur late in the year, creating planning and implementation challenges.

80. To address these issues, UNFPA will: (a) consolidate its funding architecture to better align it to the outcomes of the strategic plan; (b) improve the funding model of country programme documents; and (c) enhance structured financing dialogues. UNFPA will also improve the management, mobilization and alignment of resources in the new strategic plan, 2018-2021.

Increased adaptability through innovation, partnership and communications

81. UNFPA increased its partnerships with the private sector, foundations, academia and other civil society entities, in accordance with its strategic partnerships strategy. In 2017, UNFPA signed 84 new agreements with private-sector partners, a 17 per cent increase, compared to 2016.

This resulted in a 75 per cent increase in contributions from the private sector, rising from $12.8 million to $22.4 million.

82. UNFPA continued to invest in innovation. During 2014-2017, the UNFPA Innovation Fund approved 29 innovative projects. An external evaluation conducted in 2016-2017 found that the UNFPA innovation initiative created momentum for innovation within the organization, enhanced the profile of innovation in the UNFPA corporate agenda, and generated institutional learning.

83. UNFPA is consolidating its efforts, developing new solutions to address programmatic bottlenecks, scaling up proven solutions, reaching new partners and strengthening its capacity to encourage risk-taking.

84. UNFPA continued to expand its global media outreach. In 2017, UNFPA received, on average, 835 influential media references monthly. Since 2014, the number of UNFPA Facebook followers has doubled, and followers of the UNFPA Twitter account have increased threefold. UNFPA expects to improve its visibility through the new branding exercise begun in 2017.